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Chair

The Honourable Kevin Sorenson

Standing Committee on Public Accounts

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● (1530)

[*English*]

The Chair (Hon. Kevin Sorenson (Battle River—Crowfoot, CPC)): Good afternoon, colleagues. This is meeting number 92 of the Standing Committee on Public Accounts for Tuesday, April 17, 2018. I would remind all colleagues today that we are being televised, so I would encourage you to take your mobile phones and put them on silent mode so that you don't disrupt our witnesses or other committee members.

Today we are here in consideration of "Report 5—Preparing Women Offenders for Releases—Correctional Service Canada", of the fall 2017 reports of the Auditor General of Canada.

I welcome to our committee today the Auditor General of Canada, Mr. Michael Ferguson; and from the Office of the Auditor General, Carol McCalla, principal. Welcome.

From Correctional Service Canada, we welcome Ms. Anne Kelly, interim commissioner; Ms. Kelley Blanchette, deputy commissioner for women; and Mrs. Jennifer Wheatley, assistant commissioner, health services.

I would also say that if we do have extra time today, we would like to keep back five or 10 minutes just to do some committee business. You may have seen that circulated by our clerk earlier. It's basically looking ahead at the calendar and some of those things.

We welcome you today. We will begin with our Auditor General, Mr. Ferguson, please.

Mr. Michael Ferguson (Auditor General of Canada, Office of the Auditor General): Thank you.

Mr. Chair, thank you for this opportunity to speak about the results of our audit on how Correctional Service Canada, or CSC, prepares women offenders for release.

Our audit focused on the timely access to rehabilitation programs and services for almost 700 women offenders in federal custody. Indigenous women have grown to represent 36% of the women offender population. Although CSC cannot control the number of offenders who receive federal sentences, it can provide them with timely access to rehabilitation programs and culturally appropriate services to prepare them for release on parole.

We found that the tool CSC used to assign security levels was designed to assess men, not women. CSC also used this tool to refer women offenders to correctional programs, which is problematic because the tool wasn't designed for this purpose. As a result, some women offenders were held at a higher security level than necessary and were assigned to rehabilitation programs they didn't need.

[*Translation*]

We found that CSC did not provide women offenders with the rehabilitation programs they needed when they needed them. Most women offenders in federal custody were serving short-term sentences, which often meant that they became eligible for release within the first year of their sentences. However, the majority of women offenders had not completed the rehabilitation programs they needed when they first became eligible for parole because they did not get timely access to them. As a result, they had less time to benefit from a gradual and structured release into the community, which would support their successful reintegration.

[*English*]

However, we found that CSC increased the use of section 84 release plans for indigenous women offenders, under which indigenous organizations or communities are part of the reintegration process. Indigenous offenders with these release plans are more likely to be granted parole than other indigenous offenders.

However, we also found that access to culturally specific programs for indigenous women offenders was limited at some institutions. For example, healing lodges were available only in one region, and they operated at capacity. We found that offenders who participated in healing lodge programs had low rates of reoffending on release, yet CSC had not examined ways to provide greater access to more indigenous offenders.

[*Translation*]

We also found that CSC used segregation to manage some women offenders, and about half of the women offenders placed in segregation were indigenous. We found that, despite a reduction in the total number of offenders segregated each year, 20% of segregation placements were for longer than 15 days, the limit recommended by some prisoners' rights groups.

Two-thirds of sentenced women offenders have been identified as having mental health issues. We found that CSC did not have sufficient capacity to deliver the mental health services that women offenders needed. Mental health teams were not fully staffed across the women's institutions, and CSC's one psychiatric hospital has operated at or near capacity over the past two years.

CSC had not yet secured additional beds within provincial psychiatric hospitals to address identified shortcomings. We also found that CSC used cells on its segregation range to monitor women offenders at risk of self-harm or suicide, without 24-hour access to clinical treatment or support.

● (1535)

[*English*]

We are pleased to report that CSC has agreed with all of our recommendations and has committed to taking corrective action. In particular, CSC agreed to no longer place women offenders at risk of self-harm or suicide in cells on the segregation range.

Mr. Chair, this concludes my opening statement. We would be pleased to answer any questions the committee may have.

Thank you.

The Chair: Thank you very much, Mr. Ferguson.

We'll now turn to Ms. Kelly. We look forward to your comments.

[*Translation*]

Ms. Anne Kelly (Interim Commissioner, Correctional Service of Canada): Mr. Chair and honourable members of the committee, I want to thank you for the opportunity to appear before you today to discuss the recommendations of the Auditor General's performance audit on preparing women offenders for release.

[*English*]

Among the many areas of women's corrections that were reviewed, the Auditor General produced numerous findings and recommendations related to the effectiveness, appropriateness, and availability of various aspects of the process of preparing women offenders for a safe and successful reintegration into society.

[*Translation*]

Women comprise a small but important subset of the total federal offender population, making up approximately 5.8% of the total federal offender population.

[*English*]

At the end of fiscal year 2017-18, there were a total of 1,387 women under federal jurisdiction, about half of whom, or 679, were incarcerated in a correctional facility. At the end of the previous fiscal year, the institutional count was 680.

It would appear that, for now, growth in the number of women in custody has subsided, after years of growth. It should also be noted that last fiscal year marked the first year since 2011 when we had more women under supervision in the community, 708, than incarcerated, 679.

Broadly speaking, women offenders tend to be younger, experience higher rates of poverty and unemployment, have a higher incidence of substance misuse, and are more likely to have a history of physical and sexual abuse. In the case of indigenous women offenders, these issues are often amplified. It is therefore particularly important for CSC to consider their needs in the context of their aboriginal social history and to ensure that culturally appropriate interventions are available.

[*Translation*]

Mr. Chair, since I began my career in federal corrections in 1983, I have observed the evolution of our approach to federally sentenced women and the considerable progress we have made in addressing their particular needs.

[*English*]

In fact, Dr. Blanchette, Mrs. Wheatley, and I have all served as deputy commissioners for women, or DCW, with Dr. Blanchette being the current DCW.

CSC has adopted a holistic, women-centred approach for managing women offenders. We have developed gender-responsive and culturally and trauma-informed correctional environments, programs, and interventions designed specifically for women. Today, CSC receives international recognition as a leader in the area of women's corrections. This is a reputation that has been earned through years of research, innovation, and tireless effort by many dedicated staff across the country.

The evolution of women's corrections has also been the product of lessons learned through listening to concerns from diverse stakeholders and the women themselves, and from being open to change.

● (1540)

[*Translation*]

With this goal in mind, CSC fully accepts all the Auditor General's recommendations.

I would now like to highlight some specific areas of the action plan we have implemented.

[*English*]

First, with respect to improving the initial security classification process, CSC is conducting research to identify risk factors relevant to women. This will determine what revisions to our initial security classification tool, if any, may be required to increase its validity for women offenders.

[*Translation*]

Another recommendation was related to an appropriate referral tool to assign women offenders to correctional programs in line with their risk of reoffending and their needs.

[*English*]

In response to this, we have finalized the criminal risk index tool, placed it in policy, and commenced training staff to ensure that it is used to assign the right intensity programs to women offenders.

[*Translation*]

The Auditor General also recommended that CSC ensure indigenous women offenders have sufficient and timely access to correctional programs, according to each offender's needs and preferences.

[*English*]

Building on the design and implementation of aboriginal intervention centres at seven facilities for men, we have finalized a model of this initiative for women offenders. This summer, we will complete the implementation of aboriginal intervention centres at women's sites to strengthen a culturally responsive approach to case management that maximizes the involvement of the indigenous community.

Further, the report recommended that CSC "increase the use of employment as well as work releases to support the successful reintegration of women offenders into the community." In response to this, our special operating agency, CORCAN, which provides employment training and employability skills to both men and women offenders, has worked closely with the operational sites to identify vocational certification and on-the-job training opportunities for women offenders. There has been progress in several areas, including culinary skills, horticulture, technology assembly, and construction trades.

[*Translation*]

Further, the Auditor General made a number of recommendations with respect to mental health treatment and intervention for women offenders. To address this, CSC is currently finalizing, in collaboration with community experts, a comprehensive study on the prevalence of mental disorders among women inmates.

[*English*]

This prevalence study will enable us to identify any mental health service capacity gaps for women, and more clearly develop pathways of care that are responsive to their needs. In support of this effort, budget 2018 allocated $20.4 million over five years, and $5.6 million per year ongoing to provide enhanced mental health supports for incarcerated women.

[*Translation*]

With respect to the use of administrative segregation, as of August 1, 2017, specific groups of inmates are no longer admissible to administrative segregation. Notably, inmates with a serious mental illness causing significant impairment, inmates actively engaging in self-injury, which is deemed likely to result in serious bodily harm, and those at elevated or imminent risk of suicide, will not be admitted to administrative segregation. Unless exceptional circumstances exist, pregnant women, for example, will not be admitted to administrative segregation.

[*English*]

In addition to these changes, CSC will continue to advance its work to decrease reliance on administrative segregation, improve conditions of confinement, and enhance mental health initiatives.

Finally, CSC has taken many actions to address the Auditor General's recommendations and ensure that offenders, especially low-risk women offenders, are safely released into the community at their earliest eligibility date. In fiscal year 2016-17, we had the greatest number of women offenders released on day parole and saw the highest number of women offenders reaching the end of their sentence successfully while on release in the community. Although we are pleased with the advancements CSC has made in the area of women's corrections, we are always pursuing improvements to our policies, processes, and outcomes.

With this in mind, we thank the Auditor General for his contribution to the evolution of women's corrections, and we look forward to completing the steps necessary to address his recommendations.

Thank you once again. We would be pleased to answer any questions that members may have.

The Chair: Thank you very much, Ms. Kelly.

Now we will move on to questions from the government side. We'll start with Mrs. Mendès, for seven minutes.

Mrs. Alexandra Mendès (Brossard—Saint-Lambert, Lib.): Thank you very much, Mr. Chair.

[*Translation*]

Thank you all for being here.

Ms. Kelly, congratulations on your appointment.

I would like to briefly come back to what you said about the progress that has been made for inmates with mental health issues and about the specific investments in mental health targeted in the latest budget. The investment for those types of programs is about $20 million.

You said you were currently finalizing programs that will be covered by that funding. Can you give us an idea of the results you would like those investments to yield? I see that significant progress has been made in terms of release dates and faster reintegration of inmates in their community.

Can you elaborate further on what Correctional Service Canada will do, or what it is currently doing, to improve the mental health services available to women inmates?

● (1545)

Ms. Anne Kelly: I will answer first. I will then yield the floor to Ms. Wheatley.

Budget 2017 granted us funding to improve the women's mental health. We mostly used that money to provide them with intermediate care.

As for the money granted to us in budget 2018, we will provide the women with care, especially those being held in more secure units—in other words, maximum security units. In addition, that money will help us secure contracts for beds outside prison walls, in psychiatric hospitals.

[*English*]

Mrs. Alexandra Mendès: Mrs. Wheatley, go ahead.

Mrs. Jennifer Wheatley (Assistant Commissioner, Health Services, Correctional Service of Canada): In response to the Auditor General's report, and to continually improve services for women under our care, we revamped our computerized mental health screening system so that we can ensure that we are flagging the women with the most significant needs. This includes women who were hospitalized just before incarceration, who were recently diagnosed, or who have lifetime history of suicide attempts or self-injury. We've just recently rolled out a new scoring approach to the computerized mental health screening model so that we can target early interventions, because we know that identifying and treating mental illness early leads to better results, both from a health perspective and from a correctional outcome perspective.

In addition, we are in the early stages of identifying pathways of care for various offenders, men and women, so that we can ensure we are matching the right service with the intensity that the individual requires. This would ensure a continuity of care between institutions for men and women.

To add to Commissioner Kelly's response, the additional capacity for intermediate mental health care for maximum security women will allow us to better address their mental health needs, close to their communities, close to their family supports, and without disrupting their correctional plan for a transfer to either an outside hospital or to the Regional Psychiatric Centre in the Prairies. Certainly, if you need hospital care, that hospital care is available. However, being able to provide intensive outpatient care, which is essentially what intermediate mental health care is, at the women's home facility really does allow for that continuity with their community relations and with their correctional plan.

Mrs. Alexandra Mendès: Forgive me for being a bit confused, but how are you able to do that while they are incarcerated if their communities are 2,000 or 3,000 kilometres away? There aren't women's facilities all over the country. Sorry, I'm just a bit confused there.

Mrs. Jennifer Wheatley: Certainly, distances are a challenge for the women under our care. Trying to keep the women within their region is, for some women, certainly important. If you are from Atlantic Canada, it's better to be at Nova than to be at our psychiatric hospital in the Prairies.

In addition, the women offenders sector has worked to improve the use of technology to facilitate contact between families and their incarcerated family members.

Did you want to speak to that, Kelley?

Dr. Kelley Blanchette (Deputy Commissioner for Women, Correctional Service of Canada): We have a mother-child program, and we've really expanded on that. There was a residential component where, if the woman is eligible to participate, and it's deemed to be in the best interests of the child, the child can come and live with mom if she is classified as medium or minimum security in our facility, until the child's fifth birthday. There is also a part-time program that allows for older children.

We have also instituted video visitation for families, called child link. This is where the child's caretaker can bring the child to a community site; I can't recall exactly where. The healing lodge, for example, is a very remote site. The mom at the healing lodge can have a video visit with her child. There are other programs to reinforce the mother-child bond or the mother-family bond, such as the mother-child read aloud program.

● (1550)

Mrs. Alexandra Mendès: I am more concerned about the treatment part of it, not necessarily the links with family. You talk about outpatient care. How do you manage the link that is made after they are out?

The Chair: Mrs. Wheatley, go ahead.

Mrs. Jennifer Wheatley: My apologies. I probably wasn't clear in my terminology. We've based our mental health service delivery model on the World Health Organization's optimal model of mental health care. That model speaks to providing self-care, primary care, and then what we call "intermediate" care. However, outside of corrections, it would be considered outpatient care. Intermediate care is what budget 2018 has provided us money to do, for maximum security women in particular.

Mrs. Alexandra Mendès: Okay, thank you.

The Chair: Thank you, Ms. Mendès.

We'll now move to Mr. Deltell.

[*Translation*]

Mr. Deltell, you have seven minutes.

[*English*]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Thank you so much, Mr. Chair. I was wondering if your French was still improving, and I can confirm that.

[*Translation*]

Auditor General, ladies, welcome to your House of Commons.

I want to begin by congratulating you, Ms. Kelly, on your 35 years of service with the same organization. I did not know that 10-year-olds were being hired at the time, but so much the better. Welcome.

Through you, I want to recognize and congratulate the thousands of Canadians working in the prison system. If there is a difficult sector, be it in terms of daily life or family life, it is that of prisons. We have to pay a great deal of respect to those thousands of Canadians who ensure the safety of our cities and communities. I thank those people. Allow me also to recognize a deceased childhood friend, Michel Gagnon, who spent nearly 20 years with Correctional Service Canada, in Cowansville. I take this opportunity to salute Michel, his widow Lucie and their daughter, Marie-Pierre.

Mr. Ferguson, your document highlights the fact that 36% of female inmates are indigenous. That phenomenon is drawing a great deal of interest. We won't talk about the reasons why those people end up in prison, since that lies upstream of Correctional Service's mandate. That said, I would like to know what goes on inside. Things are not just black or white, but some issues are deserving of our attention. Earlier, you said the following:

> However, we found that CSC increased the use of section 84 release plans for indigenous women offenders, under which indigenous organizations or communities are part of the reintegration process. Indigenous offenders with these release plans are more likely to be granted parole than other indigenous offenders.

As I understand your analysis, for the system to work, the correctional centre must be located close to an aboriginal community. Is that so?

[*English*]

Ms. Carol McCalla (Principal, Office of the Auditor General): Section 84 release plans are release plans through which CSC works with the community to supervise the release of offenders. Community organizations can be on reserve or in urban centres. We found they have been increasingly used for indigenous offenders, and generally they are very successful. More indigenous offenders who are under a section 84 release plan successfully complete their supervision than those who are not. We encourage Correctional Services to continue using this option.

There is another option, section 81 agreements, where healing lodges are available to indigenous offenders. There have been calls for CSC to increase the availability of healing lodges. Currently, there are only two healing lodges available for aboriginal women, in Saskatchewan and Alberta, and there are none in the eastern part of the country.

We have also made a recommendation that CSC increase the availability of options to provide either a healing lodge or those types of services to aboriginal offenders. We found generally that if there were small numbers of aboriginal women within an institution, they had very limited access to culturally specific programming, programming that has proven to be very successful in facilitating their reintegration.

● (1555)

Mr. Gérard Deltell: Does that mean that the person who is in jail would have to have access to her home community? As we know, with first nations, we are talking about hundreds of communities. Does that mean that the women must be close to their personal community, or are we talking about any first nation community?

Ms. Carol McCalla: The section 84 release plans can be made with either a home community or a community organization. We found a mix of the two. Certainly, if you want to go to a healing lodge, your only options are the healing lodges that exist now in Saskatchewan or Alberta, but certainly the section 84 release plans can be anywhere in the country, with any community or community organization.

Mr. Gérard Deltell: Based on what you said, is it correct to say that the people who are in jail can move from province to province? Do they stay in their own centre for all their time, or can they move to another centre if we can't provide good service to them?

Ms. Carol McCalla: Certainly, that was the finding of "Creating Choices" in 1990, when they decided to close the Kingston penitentiary for women. They wanted to set up penitentiaries across the country so that they could have some more regionalization and women could be closer to their home communities and their family support systems.

Section 84 is a form of parole, so it would be the granting of the parole and some of the supervision of the parole within a community. You can't go out on a section 84 release plan until you are released on parole.

Mr. Gérard Deltell: When we talk about the specific situation of the first nations people, would it be good to have a jail where all the services are provided to them? If we concentrate all the services on them, would it be interesting to have a jail with only first nations people, based on your experience? I am not saying I would support it; I'm just asking the question.

Ms. Carol McCalla: The issues and concerns that were raised in our report were that where there were small numbers of indigenous offenders within one of the five institutions, there was limited access to services, so we put the option to Correctional Services to figure out how to do that.

I know that, for their male offenders, they are looking at offering a clustering of the services available within different regions. With the way the services work, you need a critical mass, and the indigenous populations for women are small and fluctuate from maybe two in one year to eight in another year. I think there is room for CSC to meet the needs of aboriginal offenders within its institutions; it just needs to put its shoulder to the wheel on that.

The Chair: Thank you very much.

Unfortunately, your time is up, Mr. Deltell.

Ms. Kelly, did you have a comment on that question as well? Can we get that in another round?

Ms. Anne Kelly: Okay.

The Chair: All right.

Mr. Blaikie, welcome to our committee. You have seven minutes.

● (1600)

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Thank you very much for having me.

Thank you for being here today to present.

Building on that same theme, Ms. Kelly, if you want to speak to anything that was brought up in Mr. Deltell's remarks, you are welcome to do that as well.

In your remarks, you talked about the implementation of aboriginal intervention centres this summer. One of the things highlighted in the Auditor General's report was the lack of healing centres outside the one region where they are offered. I'm wondering if you could speak about the difference between aboriginal intervention centres and the healing centres. Would they amount to the same thing or is there a difference, and if so, what progress do you anticipate on the healing-centre front?

Ms. Anne Kelly: I think what you're talking about is a healing lodge. We have one for women, and that is a culturally appropriate environment where they can practise their culture and their teachings, and where there are ceremonies. It is steeped in aboriginal culture.

Aboriginal intervention centres are a little different. We've implemented them at seven of the men's sites, and now we will be implementing one at the women's site. Basically, we're going to have a group of staff and provide them with specialized training in aboriginal social history, in section 84 releases, in how to translate elder services and participation in pathways into the report that they prepare. Aboriginal intervention centres are going to be mostly for women offenders serving relatively short sentences. At intake, we're going to ask them whether or not they want to follow an aboriginal stream. If they agree to it, then we're going to provide them, right at intake, with aboriginal-specific programming.

The other thing is that at these aboriginal intervention centres we're going to have aboriginal community development officers who basically work with the women and the community if the women want to go back to their aboriginal communities. Instead of starting the release process six months prior to their release, we're going to start right at intake, which is going to give us a couple of years to work with the aboriginal community.

With the aboriginal intervention centres, something we have put in policy is that once an offender has successfully completed a program, we will immediately, or within 30 days, reassess their security classification. So far, with our men's sites, preliminary findings are good. We find that once they've completed a program and we reassess their security classification, either they're going to minimum—if they're not quite ready, we place them into a pathways unit so they can continue to work with the elder—or their case is prepared for presentation to the Parole Board of Canada. We're hoping to see similar results for the women, especially aboriginal women.

Mr. Daniel Blaikie: One of the themes of the Auditor General's report is delay, whether with respect to inmates accessing appropriate programming in a timely way, or with respect to mental health treatment plans. In ensuring that plans are devised for those who need them, there are also issues about meeting those timelines. I hear in your discussion of the aboriginal intervention centres that things are going to be happening right away and there's going to be an assessment after 30 days. What are you doing to ensure that you don't encounter the same problems?

It seems to me that what is coming out of this report is not that Correctional Services doesn't have the right kinds of programming or hasn't done the upfront policy work, but the problem is in the timely delivery of those services. What are you doing within the aboriginal intervention program to ensure that you don't encounter the same kinds of delays, especially for inmates who are there short-term? Obviously, it's important that they access those services quickly. There are some things in the report suggesting that CSC seems to have the right policy. How do you move from saying it to ensuring that it's actually happening in a timely way?

● (1605)

Ms. Anne Kelly: I would say it's focus. For us, this is really important. What's happening in the aboriginal intervention centres is that we are tracking. We're tracking when they're coming in, when they're being assessed, when they're being placed in the program, how long the program is, and, when the program is completed, how long it takes before they're reassessed. Also, we are ensuring that we are aligning our programs to the offender population's needs. That's important.

We're also ensuring we have the right number of aboriginal program officers. We're also going to have increased elder services in our aboriginal intervention centres. As I said, preliminary findings with the aboriginal intervention centres for men are good. There's room for improvement, but this is something we monitor, and we'll be doing the same for the women offenders.

Mr. Daniel Blaikie: In terms of the tracking of information on people moving through that program—entry date, exit date, outcomes—is there any particular tool you're using, software or whatever else, to implement that tracking? If so, could that not be applied to other types of inmates, whether it's inmates with mental health needs or whatever else? Can the success you're seeing in that area be rolled out across the system? Are there tools that you're not using in the rest of the system that you could be using in order to have the same amount of information and be able to make the same kind of assessment as to whether new policies are actually having the desired effect?

Ms. Anne Kelly: We certainly have a lot of tools. We track our progress in a number of areas, actually.

You mentioned mental health more specifically. I'll turn it over to Jennifer, because we do track that as well.

The Chair: Mrs. Wheatley, go ahead.

Mrs. Jennifer Wheatley: When the Office of the Auditor General came in to look at how we prepare women for release, we were just finalizing the rollout of our first-ever electronic medical record. Until 2016-17, we were a purely paper-based system. The electronic medical record is now fully rolled out at all institutions. Certainly, from a dashboard data collection follow-up perspective, that's facilitating really good management decision-making and information gathering in a way we weren't able to do it before.

The Chair: Thank you.

We'll now move to Ms. Yip, please. I think we're still in the seven-minute round.

Ms. Jean Yip (Scarborough—Agincourt, Lib.): Thank you.

Good afternoon. Thank you for coming.

I read with sadness that the number of women offenders serving federal sentences is up 38% over the last decade. Why is that? Also, indigenous women account for 33% of all women incarcerated. What has happened that there's such an increase?

The Chair: Ms. Kelly, go ahead.

Ms. Anne Kelly: You're right. There has been an increase. Actually, I have the warrant of committal admissions for the last 10 years. Between 2006-07 and 2016-17, for all women, there was an increase of 30%. This is, again, warrant of committal admissions. For aboriginal women, the increase was 37%.

Now, in terms of admissions, we can't control that. CSC administers the sentence, so I can't really speak to why they are coming in. What CSC can do, though, is impact the length of time they serve. Some of the initiatives we're discussing today are actually to reduce the amount of time they spend with us. That's why we want to ensure that they have access to programming in a timely way, and that we also do case preparation in a timely manner, so that they can be presented to the Parole Board for a release decision.

In terms of results, and I'd like to share that with you, the percentage of women being released on day parole at the end of 2015-16 was approximately 61%. As of December 31, 2017, we were at 79%. A lot of progress has been achieved, and we are very proud of that. The other statistic I would like to share with you is the percentage of women who have reached their expiration of sentence without readmission to custody. At the end of fiscal year 2015-16, we were at 61%, and now we're at 70%, which is also progress. There's always room for improvement, but in answer to your question, in terms of warrant of committal admissions, that's not something we control.

● (1610)

Ms. Jean Yip: Thank you. That is indeed improvement.

It's been said that healing lodges offer a softer form of incarceration. Have there been studies showing that they have been effective for the women who go there?

Ms. Anne Kelly: We have a healing lodge for women in Maple Creek. The women who go to the healing lodge have to be medium- or minimum-security women. Again, the healing lodge is where they can practice their aboriginal culture. I'm not sure I would say that it's softer. Certainly, it's also because the security classification of the women is lower.

I believe there have been studies done, and I'm going to turn it over to Dr. Blanchette.

Dr. Kelley Blanchette: I can't speak to whether studies have been done, certainly not with respect to federally sentenced women specifically. There might be studies on the effectiveness of healing lodges for men. I can look into that question, but I don't have the answer.

I want to add that we have a great partnership. In addition to our own Correctional Service of Canada healing lodge, we have a partnership with Buffalo Sage Wellness through Native Counselling Services of Alberta. In Edmonton, we have a contract for section 81 and section 84 beds with Native Counselling Services of Alberta. It was 16 beds up until late fall, when we expanded to 28 beds. We have 28 beds for women, who are classified mostly as minimum, but on a case-by-case basis they will take medium-security women as well. We continue to explore those kinds of partnerships so that we can broaden the accessibility for indigenous women.

Ms. Jean Yip: I'm wondering when CSC will develop a new and revised mental health needs scale. I find it important to assess them properly, especially with respect to mental health issues.

The Chair: Mrs. Wheatley, go ahead.

Mrs. Jennifer Wheatley: We're just finishing up research on the mental health needs scale. An early review of the research shows that the mental health needs scale has both really good inter-rater reliability and also good convergent validity to other more broadly available scales in the community. Based on that research with our population, and comparing it with scales that are used in the community, we're showing really good validity for this scale.

In addition to it, the computerized mental health scale that we use on intake to screen all offenders has shown above 70% sensitivity in validity. The National Institute for Health and Care Excellence in the U.K. says that 70% is what you need to be clinically appropriate.

Both the mental health needs scale and the computerized mental health needs scale are shown to be valid, with research done on our population.

The Chair: Thank you very much, Ms. Yip.

We'll now move back to Mr. Deltell.

[*Translation*]

Mr. Gérard Deltell: Thank you, Mr. Chair.

Ms. Kelly. I will continue the conversation we started earlier.

Let's review the facts. The report says that 36% of female inmates are indigenous and that the success rate is higher when communities are close to centres and are involved in reintegration programs. However, very remote detention centres do not all provide services to indigenous inmates. So the question is whether it would be feasible to concentrate indigenous inmates in one place to provide them with all possible services. I repeat that this is a question and not a wish, a desire or a position.

Ms. Kelly, based on your 35 years' experience in the system, what is your opinion on this?

● (1615)

Ms. Anne Kelly: I will begin by saying that the lone prison for women, which was in Kingston, was closed precisely so that we could have establishments in all the regions, thus enabling the women to remain close to their family and see their children. It is clear that the highest proportion of indigenous offenders is in the Prairie and Pacific regions.

I don't think it is absolutely necessary for establishments to be very close to the community, since aboriginal community development officers work with female inmates and aboriginal communities to facilitate the social reintegration of those women, which is important.

That is why we will establish aboriginal intervention centres in all the institutions, even those with fewer indigenous female offenders, in order to take care of their needs. We will provide those women with programs, and community liaison officers and elders could also help them.

Mr. Gérard Deltell: Thank you for your answer, Ms. Kelly.

A question comes to mind, but I will first tell you about something that happened in my riding some 10 years ago. There is an aboriginal community called Wendake in my riding, Louis-Saint-Laurent. Konrad Sioui had just been elected grand chief by the members of his community. In the months following his appointment, a major police operation was conducted to close smoke shacks selling tobacco.

That police operation was successful because the police officers who intervened in the targeted locations were aboriginals. Of course, they had the support of Sûreté du Québec and the RCMP, but those organizations were not on the ground, since they remained behind. Those who made the arrests were aboriginals. So aboriginals arrested aboriginals.

I am telling you this story as a lead-up to the following question. Do you think prison life would be positively impacted if the correctional officers, who are in direct contact with the inmates, were aboriginal women?

Ms. Anne Kelly: I will say that 10% of CSC staff are aboriginal. We always try to recruit aboriginals to work for us. Ten per cent is a pretty good number. In fact, that percentage is higher than the workforce availability, which is 6.4%. There are specific positions for aboriginal people. The positions of community liaison officers I mentioned are positions for aboriginals.

I will now talk about program delivery. There are aboriginals completing programs, which is a tremendous help. As I said, we recruit, we go to colleges and universities to talk to students in order to find out whether they are interested in working for Correctional Service Canada. We also provide training and skills development for non-aboriginals.

● (1620)

[*English*]

The Chair: Thank you very much, Mr. Deltell.

We'll now move to Monsieur Massé, please.

[*Translation*]

Mr. Rémi Massé (Avignon—La Mitis—Matane—Matapédia, Lib.): Thank you, Mr. Chair.

We have the opportunity to participate in the committee's work and to examine many of the Auditor General's reports. I want to highlight the work done by the auditor and his team. He has once again submitted an excellent report to our committee. Unfortunately, the report's findings reveal a bleak situation for Correctional Service Canada.

I will provide a few examples. In part 5.9, the auditor says:

> Overall, we found that Correctional Service Canada had not implemented an initial security classification process designed specifically for women offenders.

A bit further down, he says:

> Overall, we found that Correctional Service Canada's delivery of correctional programs did not allow many women offenders to complete their correctional programs in time for parole.

In part 5.62, he says:

> We found that Correctional Service Canada provided few women offenders with employment opportunities with CORCAN or with work releases... to help them obtain employment upon release.

The report outlines many such findings.

Mr. Ferguson, explain to us how we can make such findings today, in 2018. What explains such a bleak report for a federal government organization?

Mr. Michael Ferguson: It is difficult to explain.

I think that Ms. Kelly mentioned the need to focus on all aspects related to those female inmates and to understand different parts of their sentence in institutions, so as to determine whether the necessary programs, such as mental health services, are being provided to them in a timely manner. I think there has been a lack of focus in the past on the important aspects for those female inmates.

Mr. Rémi Massé: Thank you, Mr. Ferguson.

Ms. Kelly, how did you react when you read the Auditor General's report? I know you will tell me that you accept all the recommendations, but I would like to know more about your strategy. Generally speaking, what will be CSC's strategy in light of the report submitted to ensure that what is implemented will help resolve the series of issues raised?

Ms. Anne Kelly: The report clearly establishes that improvements must be made. For us, it is important to make improvements. Based on certain data, we are on the right track. The number of inmates who have benefited from day parole has increased considerably, while the number of revocations has declined significantly.

As for our strategy, I would say that we want to establish aboriginal intervention centres for aboriginal women, since they account for 39% of the prison population, which is a very high percentage.

We also want to focus on our results. I am the interim commissioner, and today, I will participate in a meeting of our steering committee, where we will talk about results. Tomorrow, we will talk about results in terms of aboriginals. We really have to highlight the problems and what needs to be improved in order to see gradual progress. Once again, I think that we are on the right track.

● (1625)

Mr. Rémi Massé: Thank you, Ms. Kelly.

The Vice-Chair (Mrs. Alexandra Mendès): Thank you, Mr. Massé. Your five minutes are already up.

Ms. Harder, go ahead.

[*English*]

Ms. Rachael Harder (Lethbridge, CPC): Thank you so much for coming to meet with us today.

My first question has to do with trauma and substance abuse, and counselling around that. I would love to ask you questions with regard to preventative measures, because there are far too many people, period, in correctional facilities in Canada, but definitely far too many women. I understand that the scope of your report doesn't go into prevention, really. It deals with the system as it exists today.

That said, Mr. Ferguson, my question is based on the recommendations that are provided in the report. I'm wondering if you can elaborate a bit more in terms of access to substance abuse treatment or trauma counselling for female inmates.

Ms. McCalla actually came to the status of women committee a number of weeks ago. During her time there, one of the things she brought up was that incidents of physical and sexual abuse are very high among these women. They themselves have experienced trauma and have had crimes committed against them in their lifetime, which may cause them, out of that pain and their background, to then commit further crimes. They themselves have been victims.

What kinds of recommendations are you offering in terms of how best to respond to that fact?

Mr. Michael Ferguson: I think the important thing is that when these women enter into the correctional system, their needs have to be assessed to see what type of programming they need, and that needs to happen very early on. The Correctional Service has many programs in place, and we didn't notice any particular problems with the programs per se. The problems were with the access to the programs.

When women with that type of background come in, it's important that they very quickly get into the programs that have been identified and that can help them. When they get through those programs, they get to the point where they can be paroled. Therefore, they can have support as they are trying to reintegrate back into society. What is important, again, is making sure that all of those programs are actually available, that they are available when they need to be, and that they are delivered as quickly as they can be.

There is a reassessment at the end of the program, and that gives the women a longer time to try to get reintegrated back into the community in a safe way.

Ms. Rachael Harder: In your estimation, then, based on the report, would you say that the programs themselves are fine but it's actually the access to those programs that is the issue?

Mr. Michael Ferguson: I'm going to ask Ms. McCalla to comment on what we have done in terms of looking at the quality of the programs.

Ms. Carol McCalla: We looked to see if CSC itself had evaluated the effectiveness of the programs. They had conducted recent evaluations of their general stream of correctional programs, as well as their specialized programs for aboriginal women. For the general stream of programs, they looked primarily to see their impact on reoffending, that is, whether women returned, once they were released into the community. They found that the programs didn't have a significant impact; however, for aboriginal women, they did have an impact.

A key challenge for CSC is that women do not tend to reoffend. They have a very low rate of reoffending once released, so the impact of these programs was very hard to identify. What we call for in our report is for CSC to evaluate how well these programs target the risk factors, for example substance misuse, which, for women offenders, is identified as a high criminogenic need. It's a factor that can lead to reoffending.

How well do the programs themselves address those? That's the primary way that we saw women offenders get treatment for substance abuse or sexual abuse. They're multi-targeted programs, and CSC needs to assess how well those programs address those specific risk factors.

Another thing we pointed out was that they should have a hand-off to the community. We saw that many women were staying in custody once they had completed their correctional programs in order to get access to counselling. That counselling could be provided in the community, and CSC research has also shown that it is much more effective in the community than in custody.

● (1630)

The Vice-Chair (Mrs. Alexandra Mendès (Brossard—Saint-Lambert, Lib.)): Thank you very much.

Thank you, Ms. Harder.

Mr. Chen, go ahead.

Mr. Shaun Chen (Scarborough North, Lib.): Thank you, Madam Chair.

I want to thank the Auditor General and the folks from Correctional Services for being here today. I also echo the comments of my colleague to congratulate you, Interim Commissioner Kelly, on your post.

You described for us, in general, who the women are. You said that they are likely to be younger, experience poverty and unemployment, have a history of physical and sexual violence and abuse, and be disproportionately aboriginal women. It was a very stark picture that you painted. My reaction was that these women are vulnerable at best, victims at worst.

What the Auditor General said a number of times today really hit home, with respect to timely access to rehabilitation programs and services that are culturally relevant and specific to the needs of these women. Ultimately, the goal is not to keep them there; it is to ensure that they can reintegrate back into society and perhaps have a better shot at success.

The Auditor General talked about an assessment tool that is used when the women first arrive to determine their level of security risk, and sometimes the women are placed in higher security than necessary or given programs they do not require.

I appreciate your comments, Commissioner Kelly, with respect to agreeing with the Auditor General's report and recommendations, but I'm going to pick out the one sentence that bothered me out of all the great things you said: "This will determine what revisions to our initial security reclassification tool, if any, may be required to increase its validity for women offenders."

I found that a bit contradictory. On the one hand, you agree with the Auditor General's findings and recommendations. On the other hand, you're saying "if any"—if any changes to the tool are needed. Perhaps you can shed some light on what you mean by that. Do you agree that the tool needs to be re-examined and changes need to be made, as the Auditor General has pointed out?

Ms. Anne Kelly: I'll start with the answer and then turn it over to Dr. Blanchette.

There are two things. For the initial security classification, to classify a woman as maximum, medium, or minimum, we use the custody rating scale, which, if I am not mistaken, was validated for women offenders. Based on the Auditor General's report, we're willing to look at it again to see if we need to change it. There is a security reclassification scale specifically for women that was developed in 2005. It was based on a sample of women offenders.

In terms of the right programs, that's something different. Up to now we were using the custody rating scale, which is really a security classification tool, to assign women to a certain intensity of program, because there are moderate and high-intensity programs. For both men and women, the Auditor General has said that the custody rating scale is not the appropriate tool. It's a security classification tool, and we need a program tool.

That is why we've developed what we call the criminal risk index, which has been validated for both men and women, to ensure that we assign the right intensity program to both men and women.

● (1635)

Mr. Shaun Chen: So several scales and ratings are used—

The Vice-Chair: If you'd like Ms. Blanchette to finish, you have about 10 seconds.

Mr. Shaun Chen: I'll hear the answer. Thank you.

Dr. Kelley Blanchette: The custody rating scale has been validated for women on more than one occasion, but we recognize that it was a tool developed with primarily a male sample. Ideally, tools are developed for women from the ground up. In the past, we have attempted to add predictive accuracy to the custody rating scale but with no luck.

In short, part of the reason is that it is the initial tool. We get offenders, inmates, coming in whom we don't know at all. It has to rely on static risk factors, things like the length of their sentence, their age, or whether they have violence in their history, because we don't know them well enough at the point of entry to be able to fully assess their needs on the day they come in.

The Chair: Thank you, Mr. Chen. It was a good try, but we're way over time. The new chair isn't quite as lenient as the former chair here.

We'll go back to Mr. Blaikie, please. Mr. Blaikie, you have five minutes.

Mr. Daniel Blaikie: Thank you very much. I was going to take some leniency. I don't mind.

In keeping with the theme of delay in accessing what is otherwise decent programming, one of the issues appears to be staff, at least on the mental health side. Maybe I'm wrong in getting that impression from the report, but that seems to be the case. I don't know if this is outside the scope of the report, so forgive me if I'm going further afield; you can let me know.

Do we have a sense of whether that shortage of staff with appropriate mental health training is because of a dearth of supply in the general labour market, or whether Corrections isn't as competitive an employer within the field of mental health work? I don't know if the Auditor General has an opinion or if CSC officials would like to speak to that.

The Chair: Mr. Ferguson, go ahead.

Mr. Michael Ferguson: I'll start, and then I think probably the CSC officials would be able to give you a more in-depth answer.

In our report, we identified vacancies in some very important positions dealing with mental health issues. Their first challenge is to fill the vacancies they have and then determine what they can do with that. As to why they were not able to fill those vacancies, I'll turn that over to Ms. Kelly.

The Chair: Ms. Kelly or Mrs. Wheatley, go ahead.

Ms. Anne Kelly: Mrs. Wheatley will comment.

Mrs. Jennifer Wheatley: Certainly, we've had challenges with recruiting and retention of health professionals over the years. That's an area on which we are placing an increased leadership focus. We have dedicated health recruiters in each region. It is a recruitment but also a retention issue, and that's the piece on which we've recently made the most progress.

It's one thing to recruit a new nurse, a new psychologist, or a new physician, but we work in a very challenging environment. We also work in an environment where, if a health professional wants to work with very vulnerable patients and very complex issues, this is really the place to be.

In addition to recruiting, we are focusing now on assisting our new staff with the transition into the correctional environment, giving them mentors they can link to outside of their chain of command and providing more orientation to the workplace, so that we can retain the staff we have recruited. We've made some pretty significant progress over the last year, in particular in the Prairies region, where recruitment tends to be one of our more pressing issues.

The Chair: Thank you, Mr. Blaikie.

Mr. Arya, go ahead, please.

Mr. Chandra Arya (Nepean, Lib.): Thank you, Mr. Chair.

Commissioner Kelly, I'm quite impressed that the Correctional Service of Canada is recognized internationally as a leader in women's corrections. You have served CSC for 35 years, and I am sure your colleagues also have very long service records with the Correctional Service of Canada. It is because of the hard work that you and your colleagues do that CSC is internationally recognized.

What I am impressed with is that even after achieving such a good level, you're still open to the idea that better is always possible, and you're still exploring ways to improve what is already the best. That's a good job.

You have five regional institutions. If I am right, the average number of inmates in each of these institutions is about 150, and about 50 of them are indigenous offenders. Within that 50, there are some who are mentally ill.

With that small number, is it economically viable for you to offer culturally sensitive programs at all institutions?

● (1640)

Ms. Anne Kelly: This goes back to a comment I made earlier. We opened these regional facilities to keep the women in their home communities and allow them to have visits, and if they have children to allow the children to visit them. So—

Mr. Chandra Arya: I understand that. I'm sorry. My time is very limited. I apologize for cutting you off.

My question is this: Is it economically viable for you to offer culturally appropriate programs at all five regional institutions?

Ms. Anne Kelly: Yes. For example, in Quebec, we have fewer aboriginal offenders, but we still have enough that we need to do something. Some of them, obviously, want to go back to their communities, and that's why we are putting into place these aboriginal intervention centres, so that we can offer the appropriate programs and services to those aboriginal offenders. Our greatest concentration, though, is in the Prairies and the Pacific region.

Mr. Chandra Arya: Those of us sitting here, of course, want every institution to have the best we can offer, but sometimes I don't know whether it is possible to do that.

Coming back to the remaining 65% of offenders, who are not indigenous, what programs do you have for them?

Ms. Anne Kelly: We actually have a series of programs. Again, we have an engagement program for all women offenders. We have moderate and intensity programming, as well as community maintenance programming for offenders. I'll turn it over to Dr. Blanchette, who can elaborate.

Dr. Kelley Blanchette: We have two streams of correctional programs. If you picture it like building blocks, like Lego blocks, there is the engagement, as the commissioner was saying, and then we have moderate-intensity, high-intensity, and community programs.

The aboriginal stream is 80% elder-assisted. The elders are there 100% for the engagement component and 80% for the remainder, and they co-facilitate the program. There are smudging ceremonies.

Mr. Chandra Arya: For the 65%, who are non-indigenous offenders, is there any way to further classify them?

Dr. Kelley Blanchette: Classify them in what way?

Mr. Chandra Arya: I mean classify them as to how many are visible minorities, and how many—

Dr. Kelley Blanchette: Yes, we do have that data.

Mr. Chandra Arya: Do you have any numbers?

Dr. Kelley Blanchette: I don't have them with me.

Mr. Chandra Arya: That's okay. That's not important.

What about the young offenders? I think Commissioner Kelly mentioned that many of the women offenders tend to be young. Are there any educational programs for them to continue their education?

Dr. Kelley Blanchette: Yes. For any offender who comes in with less than a high school education, that would be put on their correctional plan, and they would be offered educational upgrading to get to a high school level.

Mr. Chandra Arya: What is the size of your biggest institution, in terms of inmates?

Dr. Kelley Blanchette: The smallest one is the Okimaw Ohci Healing Lodge, with 60, but the smallest of the mainstream facilities is Nova Institution in Truro, which has 99, I believe. The largest has 215.

● (1645)

The Chair: Thank you, Mr. Arya.

Just before we go to Mr. Lefebvre, I would ask a question on behalf of the table.

Auditor General, anytime we get your report, I tend to quickly look at the problems, at when the report was undertaken, and then at the recommendations. In this report, you have 10 recommendations. We've seen reports in which there have been three, four, or maybe five recommendations, but we see a lot of recommendations in this report. I also looked at the detailed action plan of the Correctional Service of Canada. It looks as though all the recommendations are being addressed.

Are you satisfied with what you've heard today? For the recommendations you've brought forward in your report, has the response been adequate? Which ones are the most serious? Have they prioritized the response times and the responses that you believe are serious? Is there anything here that our committee should follow up on, for some of those that are most serious?

Mr. Michael Ferguson: I'll start, and then I'll ask Ms. McCalla to fill in any details.

Perhaps one of the reasons that we have 10 recommendations in this report is that Correctional Service Canada has been the happy recipient of two other audits in similar areas recently.

We did one on offenders in general, then we did one on indigenous offenders, and then this one on women offenders. We've gotten to know their processes very well, how they assess people when they come in, so, going in, we knew where some of the recommendations were going to be, because they are the same issues we've identified before. Then, on top of that, we've added recommendations that are specific to women offenders.

For example, I would draw your attention to paragraph 5.21, where we talk about CSC essentially needing to make sure that it is getting access to the information about an offender at the time the offender comes into the institution. In the previous two audits, we found that this was not happening all the time. Offenders would come in, and CSC wouldn't have all the information. The information existed. It was sentencing reports or judges' comments, those types of things. Even in this one, we still saw situations where Correctional Service Canada was not getting all of that information when people were coming in.

We've seen improvements, but I think there are parts of this process that need to be improved. I am encouraged by some of the things they've been talking about, in terms of what they're doing with women offenders with mental health issues. I understand the challenge they have with indigenous offenders when there are very small populations of indigenous offenders. However, it is still important that indigenous offenders have the ability to maintain their culture, because if they are put into an institution away from their community, away from their culture, we can't expect them to move down the road of rehabilitation if they are also struggling with a whole new culture. I think that's important.

It was also mentioned earlier that Correctional Service Canada has put in place a new electronic medical record system. I think that's a prime flag for us for a future potential audit. We would certainly hope to see that they are maintaining data integrity in that system, and that the system is being used in the way it should be, so that it will give them the output they expect to come from it. We've seen many times departments putting in place new systems but not making sure they're used in the way they're supposed to be used. I think that would be important.

Again, I want to make sure the committee understands that the reason why it's important to reduce the amount of time an offender has within the institution is that this increases the amount of time the offender will have under supervision as he or she moves to reintegration.

The worst types of situations are when people spend a lot of time in the institution and then have a very short period of time under supervision trying to get reintegrated. If a person is prepared as quickly as possible for parole, and that person meets all the conditions for parole, then they will tend to have a longer period of time under supervision and their reintegration is more likely to be successful.

I've said a lot of things. I don't know whether Ms. McCalla—

● (1650)

The Chair: On that, with offenders, we still expect the protection of society to be a guiding principle. There has to be that balance as well, as much as we're trying to move them through the system, from maximum security down to medium and minimum.

Even with the daily passes for work permits, where they can gain experience, is that part of it? As you say, they haven't been out of the prison. We want to move them out as quickly as possible into their communities, but we still have to have that balance. I think the balance has to be especially around day passes for work. It would seem to me that they would gain more experience on a job site than they would just sitting with a book, learning about something.

I don't know if that's what you're referring to.

Mr. Michael Ferguson: Certainly, nothing that we have recommended is in any way intended to compromise protection. I think we have to consider this. If a person ends up spending more time in the institution, and let's say they don't get the programming they need as soon as they need it, then what are they doing in the institution while they're waiting around for that programming? That's why it's important to get them quickly the programming they need, to get them through that programming, and then to assess them to determine whether they are ready to move out into the community. Once it's been determined that they are ready to move out—and it could be day parole or those other things—then we can start that reintegration.

To me, the worst-case scenario is if people in maximum security are not successful at getting out on parole and then get out at the time when they have to get out. Then the amount of time they have to reintegrate is very short. That's when you end up with the situations that are perhaps the most dangerous in terms of protection to the community. It's not just about keeping them within the institution; it's about making sure that these people are not going to be dangerous to the community once they get out of the institution. Making sure they have enough time and enough supervision at that end is influenced by what happens to them in the institution.

The Chair: Obviously, rehabilitation, not necessarily reintegration, is the goal. They are rehabilitated so that, when they are reintegrated, they can hopefully be productive citizens and escape the cycle that they are sometimes caught up in.

Ms. McCalla, were you going to add to that?

Ms. Carol McCalla: I would add that public safety is absolutely the number one priority. CSC research has repeatedly demonstrated that parole supervision—and a long time of parole supervision, the maximum amount of time under supervision in the community—has the best results in terms of public safety.

The decision as to whether an offender is ready to be safely released into the community belongs to the Parole Board. Our argument, in this report, is that CSC needs to do more to prepare those offenders in a timely manner for presentation to the Parole Board, where the Parole Board can ultimately make the decision whether it's safe for them to be released.

The reason we have so many recommendations is that it is a complex process. We looked at all the different gate points in the process, up to the preparation for the Parole Board hearing.

The Chair: Thank you.

Go ahead, Mr. Lefebvre.

Mr. Paul Lefebvre (Sudbury, Lib.): Thank you, Mr. Chair. I was actually going to go that route in my questions for the Auditor General, but you went there, so I will change my line of questioning.

If you can take your notes, Ms. Kelly, I just have one quick question on them. On page 8, the first full sentence is "Unless exceptional circumstances exist, pregnant women, inmates with significant mobility impairments and inmates in palliative care will also not be admitted to administrative segregation." I was just curious as to when exceptional circumstances exist. Can you provide me with examples of these exceptional circumstances when pregnant women or women in palliative care could be subject to segregation?

● (1655)

Ms. Anne Kelly: First of all, there is another part to this, that if any of these offenders are placed in segregation at the first-day review, then they need to be released from seg. However, it could happen that, for example, a serious incident occurs on a Friday night. It would probably happen less with women, because we don't have many women in segregation, but we are talking about women today.

Mr. Paul Lefebvre: Yes, it's part of your speech. That's why I asked about it.

Ms. Anne Kelly: If something happens on a Friday and they need to determine the reasons for the incident, they may place somebody in seg, but at the first-day review the case needs to be reviewed and those offenders need to be released from segregation. That's the part that's missing. That's in our policy.

Mr. Paul Lefebvre: So, from what I understand, if it's a Friday, then they're looking at possibly two or more days in segregation. Is that what you're saying?

Ms. Anne Kelly: Yes.

Mr. Paul Lefebvre: Is that something that has been studied? Is it effective, or is it just because, administratively, internally, you can't do it any other way because you work only five days a week and on Saturdays and Sundays you can't make that determination? They live there seven days a week. They don't have a Monday-to-Friday week. They're there seven days a week.

Ms. Anne Kelly: Yes.

Mr. Paul Lefebvre: I'm asking you tough questions.

Again, I know you wrote the speech or someone wrote the speech with you. I'm just curious.

Ms. Anne Kelly: No, for—

Mr. Paul Lefebvre: It's shocking to us, seeing that pregnant women and people in palliative care can be subject to segregation.

You're saying that you're doing everything to stop that and get away from that, but you're saying "exceptional circumstances". What are these exceptional circumstances? I would beg to differ and say that there should not be any.

I'm just throwing that out there.

Ms. Anne Kelly: It's a fair question.

With regard to the issue of segregation, this is something that's been occupying a lot of our time and attention. A lot of effort has gone into reducing the number of offenders in segregation. Again, there's been a lot of progress in improving the conditions of confinement, and we continue on this path.

In terms of women offenders, on average, it's usually four, but there are some days where there are no women in segregation. That happens quite often, actually.

Mr. Paul Lefebvre: All right. I was just curious about that sentence. That's it.

The Chair: Thank you very much.

Are there people in segregation for their own safety and well-being? Are they being placed in administrative segregation because there is a threat to them?

Ms. Anne Kelly: Absolutely. There are a number of reasons why somebody could be placed in segregation. One is, for example, when we receive a threat that somebody is going to kill a particular offender. Until we do an investigation and find out what's happening, yes, some offenders are placed there for their own safety. Some actually request to be placed in segregation for their own safety.

Another, more generally, is when we have a serious incident where there's potentially a stabbing. We need to separate the parties. Normally, we place them in segregation. Our security intelligence officers then do an investigation, a review, to find out what's happening so that we can safely return them to the population. Are there any incompatibility issues? What's the situation?

Segregation is a complex issue. Again, it has certainly taken up a lot of our time, focus, attention, and efforts. Again, the numbers speak for themselves in terms of the progress that's been made.

● (1700)

The Chair: To our Auditor General, you talk about segregation in the audit. Is there a differentiation between those who are moved into segregation for disciplinary reasons and others who are being placed there for their own well-being?

Mr. Michael Ferguson: Yes. I'll ask Ms. McCalla to provide the details, but our concern, particularly in this case, is with the women who are at risk of harming themselves or committing suicide.

The Chair: Mental health issues....

Mr. Michael Ferguson: They need to be monitored. That's one group of women, let's say. There is another group of women who, because there is an incident, perhaps are at risk because somebody has threatened them and they need to be protected. Then I suppose you have another group, which might be the people who are doing the threatening. They can end up in segregation.

We have all three of those. When I say segregation, I mean cells in the segregation range. They aren't all necessarily treated the same way; at least that's my understanding.

As Ms. Kelly just mentioned, I think part of the issue is about understanding the conditions. To me, what the environment of segregation should be for somebody who is threatening all of the other inmates would be very different from, let's say, that for a pregnant women who needs to be segregated because somebody is threatening her.

If the environment is pretty much the same, if the type of cells they end up in are pretty much the same.... It's the conditions. I think we mentioned that, particularly with regard to the mental health issue. Yes, they need to be monitored, but they are being monitored in cells in the segregation range. That's not a clinical environment for people who need to be monitored from a clinical point of view.

I'll ask Ms. McCalla to correct anything I said that was not right, or to add anything else that needs to be added.

Ms. Carol McCalla: There is no need for me to say anything.

The Chair: Go ahead, Ms. McCalla.

Ms. Carol McCalla: We found that CSC had reduced its use of segregation, so the number of placements in segregation had decreased over the three years that we looked at. Under the CCRA segregation legislation, there are very strict requirements to segregate. Primarily, it deals with the safety of the offender or the safety of others.

We focused on the segregation of offenders identified with mental health issues, following the Ashley Smith inquiry, where CSC had committed to restrict its use of segregation for those with mental health issues. In our audit, we took a sample of women offenders identified with serious mental health issues, and we found that a significant portion of them had been segregated, some of them for longer than 15 days.

In response to that, CSC has updated its policy to prohibit the segregation of women offenders with serious mental health issues and significant impairment.

The Chair: Go ahead, Ms. Kelly.

Ms. Anne Kelly: The other thing is that, when women needed to be under observation, they were placed under observation in a cell that was on the segregation range, so this is also something the Auditor General pointed out in his report. This is something CSC is addressing.

When women need to be under observation, what we are going to do is relocate those cells, so they won't be part of the segregation range.

Mrs. Wheatley can elaborate on that.

Mrs. Jennifer Wheatley: We did amend the policy in August, so that women with serious mental illness or significant impairment, as well as men with the same mental health needs, are now prohibited from being placed in segregation. We've worked out the information sharing, so that the information about that prohibition on an individual, case-by-case basis is available to our operational colleagues, even when health care is in its sight. The measures are put in place then to manage them under mental health observation for their own safety.

As the commissioner mentioned, we are putting together a plan to remove observation cells for mental health reasons from the segregation range. This takes into consideration the need for these offenders to have access to outside space, to intervention space, and to health care, thereby ensuring these are the appropriate environments to move them. That plan is being finalized and will take place over the upcoming years, for both men and women.

● (1705)

The Chair: Thank you.

I don't have any further questions from our committee members, so I will just thank you for appearing before our committee today. I know it's a subject that not only the committee is very interested in, but Canadians as well. We want to be certain that those with mental health issues in particular are given the proper needs assessments, that the information is collected in a proper way, and that it is disseminated so that we can best serve the people with those needs, including those within the confines of a penitentiary.

We'll be following with great interest as you work to meet these recommendations. We do follow up, and I'll make it very clear to you right now: We don't believe in "one and done", one meeting and we're done. We will be following your progress very carefully and with interest, and we wish you all the best as you proceed.

Thank you for coming today. We will suspend momentarily and then we'll come back to do a couple of small pieces of committee business.

● (1705)

(Pause)

● (1705)

The Chair: We'll move to our committee business. We're still in public.

We're pleased that Daniel Blaikie is with us here today, but he's here in the absence of Mr. Christopherson. Mr. Christopherson has gone through some tough times.

Mrs. Mendès wanted to speak to that.

● (1710)

Mrs. Alexandra Mendès: Thank you very much, Mr. Chair.

I just found out from Tyler that our colleague Mr. Christopherson lost his brother last week in an unexpected manner. I think he must be going through a very difficult time. I'd like us, as a committee, to send him our condolences and our offer of support if anything is needed. Thank you very much.

The Chair: Thank you very much, Mrs. Mendès. I'm sure Tyler will pass that on as well. Maybe we'll see about circulating a card or something. It is always unfortunate when these things happen, especially when it's unexpected. We miss him here today.

We're now going to take just a brief moment to suspend and then we will move in camera.

[*Proceedings continue in camera*]

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